



CERTIFICATION EXAMINATION REQUEST

All requests must be received **6 weeks** prior to the exam start date.

By submitting this request, Lead Evaluators and Hosting agencies agree to comply with all published State Fire Training policies & procedures.

Upload request form to: <https://osfm-sft.acadisonline.com>



Exam Name: FIRE FIGHTER I Certification Examination					FY:	Today's Date:
Module	Type	Dates:	Retake Dates:	# of Students	Advertise?	Approval Code:
Fire Fighter	Written (Inc. time)				<input type="checkbox"/> Yes	
	Skills				<input type="checkbox"/> Yes	
HazMat	Written (Inc. time)				<input type="checkbox"/> Yes	
	Skills				<input type="checkbox"/> Yes	
Wildland	Written (Inc. time)				<input type="checkbox"/> Yes	
	Skills				<input type="checkbox"/> Yes	
Agency/Evaluator Information:						
Hosting Agency:			ARTP: <input type="checkbox"/> Yes ALA: <input type="checkbox"/> Yes		<i>Must be administered by an accredited ARTP/ALA facility</i>	
Facility Name:			Facility City:		Facility Ph:	
Lead Evaluator:			SFT ID#		*Include a list of the Registered Skills Evaluators on page 2	
Evaluator's Email: (secure email address to receive random skills)			Evaluator's Phone Number:			
Contact Name:		Phone Number:		Contact's Email or Website Address: (advertised address)		
Billing Information:						
Delivery Format <input type="checkbox"/> Consecutive (\$10 per unique student) OR <input type="checkbox"/> Modular (\$10 per unique student per each module)						
Bill To Agency:			Attn:			
Mailing Address:						
SFT USE ONLY						
Type	Registration Fee <input type="checkbox"/> Consecutive (\$10) OR <input type="checkbox"/> Modular (\$10-30)		Initial Exam Rate * Numb. of Candidates	Retakes \$10 per retake	Total Price	Billing Code (5921-59210-142500-15)
Written	Total # of unique Candidates: _____		\$	\$	\$	
Skills	Total # of unique Candidates: _____		\$	\$	\$	
Date Returned:						
All exam materials & exam results are now being collected via your online portal account on Acadisonline.com						

